

GIC Health Plan Rates – Monthly Rates as of July 1, 2009

For MOHAWK TRAIL REGIONAL SCHOOL DISTRICT ENROLLEES



Active Employees, Retirees, and Survivors *WITHOUT MEDICARE*

Includes 0.33% Administrative Fee



	Employee and Non-Medicare Retiree/Survivor Pays Monthly %	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	21%	\$ 85.20	\$204.49
Fallon Community Health Plan Select Care	21%	\$103.32	\$247.95
Harvard Pilgrim Independence Plan	28%	\$147.36	\$356.64
Health New England	21%	\$ 90.53	\$224.40
Navigator by Tufts Health Plan	28%	\$145.34	\$350.20
NHP Care (<i>Neighborhood Health Plan</i>)	21%	\$ 87.53	\$231.97
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	40%	\$307.02	\$716.72
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	40%	\$292.81	\$683.75
UniCare State Indemnity Plan/ Community Choice	28%	\$115.16	\$276.38
UniCare State Indemnity Plan/PLUS	28%	\$149.08	\$355.78

Retirees and Survivors *WITH MEDICARE*

	Retiree and Survivor Retiree/Survivor Pays Monthly Per Person	
HEALTH PLAN	%	\$
Fallon Senior Plan*	40%	\$ 80.06
Harvard Pilgrim Medicare Enhance	40%	\$139.99
Health New England MedPlus	40%	\$145.34
Tufts Health Plan Medicare Complement	40%	\$128.65
Tufts Health Plan Medicare Preferred*	40%	\$ 71.24
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	40%	\$141.19
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	40%	\$136.94

* Rates are subject to federal approval and may change January 1, 2010.

Rates are Calculated by the Mohawk Trail Regional School District Benefits Office.

Rate questions? Call: Gina Henry – Benefits Administrator 1.413.625.0192, Ext. 19